Application or Docket Number 10/04/6/5

		CLAIMS A	S FILED	- PART	:		SM	ALL E	NTITY		OTHER	THAN
			(Colum	n 1)	(Colu	ımn 2)	TY			ca	SMALL	
TOTAL CLAIMS			52				F	ATE	FEE	1	RATE	FEI
FOR			NUMBER FILED		NUMBER EXTRA		BA	SIC FEE	370.00	OR	Basic fee	740.0
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NDEPENDENT CLAIMS			6 minus 3 =		* 3			(42=	252	OR	X84=	
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT				Ι.	140=		OR	+280≈	
* 11	the difference	in column 1 is	less than :	zero, enter	r "0" in (column 2		OTAL	1568	OR	TOTAL	- -
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		(Column 1)		(Colur	mn 2)	(Column 3)	s	MALL	ENTITY	OR	SMALL	
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